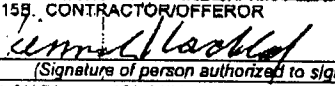



## CONTRACT FILES

|  |   |  |   |
|--|---|--|---|
| <b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>  |   | 1. CONTRACT ID CODE<br>J - FFP   | PAGE OF PAGES<br>1 of 3                                     |
| 2. AMENDMENT/MODIFICATION NO.<br>P00020  | 3. EFFECTIVE DATE<br>SEP 28 2001<br>FA8623  | 4. REQUISITION/PURCHASE REQ. NO.<br>SEE SCHEDULE   | 5. PROJECT NO. (If applicable)                              |
| 6. ISSUED BY<br>USAF/AFMC<br>AERONAUTICAL SYSTEMS CENTER BLDG 8<br>1801 10TH STREET ROOM 201<br>WRIGHT-PATTERSON AFB OH 45433-7626<br>ROSALYN A. JONES (937) 856-4395 X423<br>rosalyn.jones@wpafb.af.mil   | 7. ADMINISTERED BY (If other than Item 6)<br>AF PLANT 42<br>ASC/DET 1 (AFMC)<br>2503 EAST AVENUE P<br>PALMDALE CA 93550-2196  | CODE<br>FA8631   |   |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)<br>PYRAMID SERVICES, INC<br>115 SOUTH FLORIDA AVE<br>ALAMOGORDO NM 88310<br>(505) 434-0239 OTERO COUNTY COUNTY   |   | (X)  | 9A. AMENDMENT OF SOLICITATION NO.                           |
| MAILING DATE<br>SEP 28 2001  |   |  | 9B. DATED (SEE ITEM 11)                                     |
| CODE<br>0TLA5  | FACILITY CODE   | X  | 10A. MODIFICATION OF CONTRACT/ORDER NO.<br>F33657-99-C-0021 |
|  |   |  | 10B. DATED (SEE ITEM 13)<br>28 APR 2000                     |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS  |   |  |   |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended.<br>Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:<br>(a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. |   |  |   |
| 12. ACCOUNTING AND APPROPRIATION DATA (If required)<br>SEE SCHEDULE  |   |  |   |
| 13. THIS ITEM APPLIES ONLY TO MODIFICATION OF CONTRACTS/ORDERS.<br>IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.   |   |  |   |
| (X)  | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: ( ) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. ITEM 10A.   |  |   |
|  | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |  |   |
| X  | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:<br>FAR 52.243-2 and AFMCPK-H4  |  |   |
|  | D. OTHER (Specify type of modification and authority)   |  |   |
| E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return 1 copies to the issuing office.   |   |  |   |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)<br>SUBJECT: Establish CTR Project TTQK01CF03 "Closed Circuit TV Cameras" for Bldg 510, 531 and 583.<br>(CLIN 0048)<br><br>CHANGE IN PRICE: \$46,475.00 (increase)<br>CHANGE IN OBLIGATION: \$46,475.00 (increase)  |   |  |   |
| Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.   |   |  |   |
| 15A. NAME AND TITLE OF SIGNER (Type or print)<br>KENNETH S. KACHOLD<br>PROGRAM MANAGER   |   | 16A. NAME AND TITLE OF SIGNER (Type or print)<br>GAIL M. PORUMB<br>Contracting Officer   |   |
| 15B. CONTRACTOR/OFFEROR<br><br>(Signature of person authorized to sign)  | 15C. DATE SIGNED<br>30-105  | 16B. UNITED STATES OF AMERICA<br>BY <br>(Signature of Contracting Officer) | 16C. DATE SIGNED<br>28 SEP 01                               |
| NSN 7540-01-152-8070<br>PREVIOUS EDITION UNUSABLE<br>ConWrite Version 4.1.4<br>Created 26 Sep 2001 10:21 AM  |   | STANDARD FORM 30 (REV.10-83)<br>Prescribed by GSA<br>FAR (48 CFR) 53.243   |   |

1. The above numbered contract is hereby modified in accordance with FAR 52.243-2 Changes - Cost Reimbursement and AFMCPK-H4, "Special Provision applicable to Government-Owned Industrial Real Property" to establish CTR Project TTQK01CF03 "Closed Circuit TV Cameras" for Bldg 510, 531 and 583. (CLIN 0048)

2. As a result of paragraph 1 above, the subject contract is specifically modified as follows:

a. SECTION B - SUPPLIES OR SERVICES:

| ITEM   | SUPPLIES OR SERVICES | Qty<br>Purch Unit | Unit Price<br>Total Item Amount |
|--------|----------------------|-------------------|---------------------------------|
| 0039AA | CLIN Establish       | 1                 | \$46,475.00                     |
|        |                      | LO                | \$46,475.00                     |

*Noun:* CLOSED CIRCUIT TV, BUILDINGS 510,531 AND 583

*ACRN:* AP

*Security:* U

*NSN:* N - Not Applicable

*Contract type:* S - COST

*Inspection:* SOURCE

*Acceptance:* SOURCE

*FOB:* DESTINATION

*Descriptive Data:*

This CLIN provides for the installation of a Closed Circuit TV. This work shall be performed in accordance in with the contractor's proposal dated 20 Jul 2001, Air Force approved SOW and Section J, Exhibit A, CDRL's A054,A055, A056 and A057.

Deliverables associated with this project are Section J, Exhibit A, Data Item Numbers A054, A055, A056 and A057.

Project Number: TTQK01CF03

b. SECTION F - DELIVERIES OR PERFORMANCE:

| ITEM   | SUPPLIES SCHEDULE DATA | QTY | SHIP TO | MARK FOR | TRANS PRI | DATE        |
|--------|------------------------|-----|---------|----------|-----------|-------------|
| 0039AA |                        | 1   | U       |          |           | 22 Feb 2002 |

*Noun:* **CLOSED CIRCUIT TV, BUILDINGS 510,531 AND 583**  
*ACRN:* **AP**  
*Sec. Class:* **U**  
*Descriptive Data:*  
**The Contractor shall complete this effort no later than 22 Feb 02.**

c. SECTION G - CONTRACT ADMINISTRATION/PAYMENT DATA:

| ACRN | Appropriation/Lmt Subhead/Supplemental Accounting Data     | Obligation Amount   |
|------|--|---------------------|
| AP   | ACRN Change  | <b>+\$46,475.00</b> |
|      | 57 13010 111 4720 140000 030000 00000 000000 503000 F03000 |                     |
|      | <i>New ACRN Amount:</i> \$55,039.00                        |                     |
|      | <i>Funding breakdown:</i> On CLIN 0039AA: +\$46,475.00     |                     |
|      | <i>PR/MIPR:</i> <b>GENV0017200023</b> <b>\$46,475.00</b>   |                     |
|      | <i>Descriptive data:</i>                                   |                     |
|      | <b>PR COMPLETE.</b>  |                     |

d. The following attachment/exhibit(s) is modified in Section J:

**Attachment 8** Funding Recapitulation by ACRN

**Attachment 17** PWS ADDENDUM

**Exhibit A** CONTRACT DATA REQUIREMENTS LIST (DD FORM 1423)

3. This Supplemental Agreement constitutes a full and equitable adjustment and the Contractor releases the Government from any and all liability under the contract for further equitable adjustments arising out of or in connection with the changes effected hereby.

| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |   |  |  |  | Form Approved<br>OMB No. 0704-0188 |  |
|--|--|---|--|--|--|------------------------------------|--|
| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |   |  |  |  |                                    |  |
| A. CONTRACT LINE ITEM NO.<br>0003  |  | B. EXHIBIT<br>A                                       |  | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |                                    |  |
| D. SYSTEM/ITEM<br>Service Contractor   |  | E. CONTRACT/PR NO.<br>F33657-99-R-0021                |  | F. CONTRACTOR<br>TBD                           |  |                                    |  |
| 1. DATA ITEM NO.<br><br>A001   | 2. TITLE OF DATA ITEM<br><br>National Agency Check |   |  | 3. SUBTITLE                                    |  |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)<br>N/A  |  | 5. CONTRACT REFERENCE<br>PWS Section C-1 Para 1.2.4.2 |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA   |  |                                    |  |
| 7. DD 250 REQ<br>LT  | 9. DIST STATEMENT<br>REQUIRED                      | 10. FREQUENCY<br>As Required                          | 12. DATE OF FIRST SUBMISSION<br>Contract Start Date                    | 14. DISTRIBUTION                               |  |                                    |  |
| 8. APP CODE  |  | 11. AS OF DATE  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>Not Required                   | a. ADDRESSEE                                   |  | b. COPIES                          |  |
| 16. REMARKS<br><br>Format In Accordance with SF FORM 85P,NAC Check<br><br>Block 14 Address:     ASC/Det 1<br>2503 East Ave P<br>Palmdale CA 93550-2196   |  |   |  | Draft  |  | Final                              |  |
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| 1. DATA ITEM NO.<br><br>A002   | 2. TITLE OF DATA ITEM<br><br>Quality Control Plan  |   |  | 3. SUBTITLE                                    |  |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)<br>N/A  |  | 5. CONTRACT REFERENCE<br>PWS Section C-1 Para 1.3     |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA   |  |                                    |  |
| 7. DD 250 REQ<br>LT  | 9. DIST STATEMENT<br>REQUIRED                      | 10. FREQUENCY<br>As Required                          | 12. DATE OF FIRST SUBMISSION<br>30 Days After Post Award<br>Conference | 14. DISTRIBUTION                               |  |                                    |  |
| 8. APP CODE  |  | 11. AS OF DATE  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur               | a. ADDRESSEE                                   |  | b. COPIES                          |  |
| 16. REMARKS  |  |   |  | Draft  |  | Final                              |  |
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|  |  |   |  |  |  | 15. TOTAL ----->                   |  |
| G. PREPARED BY   |  | H. DATE   |  | I. APPROVED BY                                 |  | J. DATE<br>27 Jul 99               |  |

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| 17. PRICE GROUP              |
| 18. ESTIMATED<br>TOTAL PRICE |

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| 17. PRICE GROUP              |
| 18. ESTIMATED<br>TOTAL PRICE |

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|--|--|---------------------------------------|--|----------------------------|--------------------|-----------------------------------|--|-----------------------|---------------|------------------------------------|--|-------|--|
| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |                                       |  |                            |                    |                                   |  |                       |               | Form Approved<br>OMB No. 0704-0188 |  |       |  |
| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |                                       |  |                            |                    |                                   |  |                       |               |                                    |  |       |  |
| A. CONTRACT LINE ITEM NO.  |  |                                       |  | B. EXHIBIT                 |                    |                                   | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |                       |               |                                    |  |       |  |
| D. SYSTEM/ITEM   |  |                                       |  |                            | E. CONTRACT/PR NO. |                                   |  |                       | F. CONTRACTOR |                                    |  |       |  |
| 1. DATA ITEM NO.   |  | 2. TITLE OF DATA ITEM                 |  |                            |                    |                                   |  |                       | 3. SUBTITLE   |                                    |  |       |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |                                       |  | 5. CONTRACT REFERENCE      |                    |                                   |  | 6. REQUIRING OFFICE   |               |                                    |  |       |  |
| 7. DD 250 REQ  |  | 9. DIST STATEMENT REQUIRED            |  | 10. FREQUENCY              |                    | 12. DATE OF FIRST SUBMISSION      |  | 14. DISTRIBUTION      |               |                                    |  |       |  |
| 8. APP CODE  |  |                                       |  | 11. AS OF DATE             |                    | 13. DATE OF SUBSEQUENT SUBMISSION |  | a. ADDRESSEE          |               | b. COPIES                          |  |       |  |
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| 16. REMARKS  |  |                                       |  |                            |                    |                                   |  |                       |               |                                    |  |       |  |
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| 15. TOTAL  |  | ----->                                |  |                            |                    |                                   |  |                       |               |                                    |  |       |  |
| 1. DATA ITEM NO.   |  | 2. TITLE OF DATA ITEM                 |  |                            |                    |                                   | 3. SUBTITLE                                    |                       |               |                                    |  |       |  |
| A006   |  | Integrated Record Keeping System Data |  |                            |                    |                                   |  |                       |               |                                    |  |       |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |                                       |  | 5. CONTRACT REFERENCE      |                    |                                   |  | 6. REQUIRING OFFICE   |               |                                    |  |       |  |
|  |  |                                       |  | PWS Section C-1 Para 1.9.1 |                    |                                   |  | ASC/Det 1 Palmdale CA |               |                                    |  |       |  |
| 7. DD 250 REQ  |  | 9. DIST STATEMENT REQUIRED            |  | 10. FREQUENCY              |                    | 12. DATE OF FIRST SUBMISSION      |  | 14. DISTRIBUTION      |               |                                    |  |       |  |
| LT   |  |                                       |  | As Required                |                    | Contract Termination              |  | a. ADDRESSEE          |               | b. COPIES                          |  |       |  |
| 8. APP CODE  |  |                                       |  | 11. AS OF DATE             |                    | 13. DATE OF SUBSEQUENT SUBMISSION |  |                       |               | Draft                              |  | Final |  |
|  |  |                                       |  |                            |                    | As Changes Occur                  |  |                       |               | Reg                                |  | Repro |  |
| 16. REMARKS<br><br>Format in Accordance with Section C-6, Applicable Publications and Forms  |  |                                       |  |                            |                    |                                   |  |                       |               | CO Det 1                           |  | 2     |  |
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| 15. TOTAL  |  | ----->                                |  | 2                          |                    | 1                                 |  | 2                     |               |                                    |  |       |  |
| G. PREPARED BY   |  |                                       |  | H. DATE                    |                    | I. APPROVED BY                    |  |                       |               | J. DATE                            |  |       |  |
|  |  |                                       |  |                            |                    |                                   |  |                       |               | 27 Jul 99                          |  |       |  |

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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |  |  |  |  |  |  |  |  | Form Approved<br>OMB No. 0704-0188 |  |       |  |
| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |  |  |  |  |  |  |  |  |                                    |  |       |  |
| A. CONTRACT LINE ITEM NO.<br>0003  |  |  |  | B. EXHIBIT                                     |  |  | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |  |                                    |  |       |  |
| D. SYSTEM/ITEM<br>Service Contractor   |  |  |  | E. CONTRACT/PR NO.<br>F33657-99-R-0021         |  |  |  | F. CONTRACTOR                                |  |                                    |  |       |  |
| 1. DATA ITEM NO.<br><br>A007   |  | 2. TITLE OF DATA ITEM<br><br>GSA Vehicle Lease Cost Report |  |  |  |  |  | 3. SUBTITLE                                  |  |                                    |  |       |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  |  | 5. CONTRACT REFERENCE<br>PWS C-3 Para 3.1.1.1. |  |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |  |                                    |  |       |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                              |  | 10. FREQUENCY<br>Quarterly                     |  | 12. DATE OF FIRST SUBMISSION<br>90 Days After Contract Start |  | 14. DISTRIBUTION                             |  |                                    |  |       |  |
| 8. APP CODE  |  |  |  | 11. AS OF DATE                                 |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>Quarterly            |  | a. ADDRESSEE                                 |  | b. COPIES                          |  |       |  |
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| 16. REMARKS<br><br>BLK 10 - 10 Days After Close of Quarter   |  |  |  |  |  |  |  | CO/Det 1                                     |  |                                    |  | 1     |  |
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| 15. TOTAL  |  | ----->   |  |  |  | 1  |  |  |  |                                    |  |       |  |
| 1. DATA ITEM NO.   |  | 2. TITLE OF DATA ITEM                                      |  |  |  | 3. SUBTITLE  |  |  |  |                                    |  |       |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  |  | 5. CONTRACT REFERENCE                          |  |  |  | 6. REQUIRING OFFICE                          |  |                                    |  |       |  |
| 7. DD 250 REQ  |  | 9. DIST STATEMENT<br>REQUIRED                              |  | 10. FREQUENCY                                  |  | 12. DATE OF FIRST SUBMISSION                                 |  | 14. DISTRIBUTION                             |  |                                    |  |       |  |
| 8. APP CODE  |  |  |  | 11. AS OF DATE                                 |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION                         |  | a. ADDRESSEE                                 |  | b. COPIES                          |  |       |  |
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| 16. REMARKS  |  |  |  |  |  |  |  |  |  |                                    |  |       |  |
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| 15. TOTAL  |  | ----->   |  |  |  |  |  |  |  |                                    |  |       |  |
| G. PREPARED BY   |  |  |  | H. DATE  |  | I. APPROVED BY   |  |  |  | J. DATE<br>27 Jul 99               |  |       |  |

| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)   |  |   |            |   |  |  |  |                  |  | Form Approved<br>OMB No. 0704-0188 |  |   |  |   |  |
|---|--|---|------------|---|--|--|--|------------------|--|------------------------------------|--|---|--|---|--|
| <small>The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing</small> |  |   |            |   |  |  |  |                  |  |                                    |  |   |  |   |  |
| A. CONTRACT LINE ITEM NO.<br>0003   |  |   | B. EXHIBIT |   | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |  |                  |  |                                    |  |   |  |   |  |
| D. SYSTEM/ITEM<br>Service Contractor  |  |   |            | E. CONTRACT/PR NO.<br>F33657-99-R-0021            |  |  | F. CONTRACTOR                                |                  |  |                                    |  |   |  |   |  |
| 1. DATA ITEM NO.<br><br>A008  |  | 2. TITLE OF DATA ITEM<br><br>Procurement Procedures |            |   |  |  | 3. SUBTITLE                                  |                  |  |                                    |  |   |  |   |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |   |            | 5. CONTRACT REFERENCE<br>PWS Section C-5 Para 5.0 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |  |                                    |  |   |  |   |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED                       |            | 10. FREQUENCY<br>As Required                      |  | 12. DATE OF FIRST SUBMISSION<br>30 Days After Contract Start |  | 14. DISTRIBUTION |  |                                    |  |   |  |   |  |
| 8. APP CODE   |  |   |            | 11. AS OF DATE                                    |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur     |  | a. ADDRESSEE     |  | b. COPIES                          |  |   |  |   |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable-Pending AF Acceptance   |  |   |            |   |  |  |  | CO Det 1         |  | 3                                  |  | 1 |  | 2 |  |
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| 1. DATA ITEM NO.<br><br>A009  |  | 2. TITLE OF DATA ITEM<br><br>Supply Procedures      |            |   |  |  | 3. SUBTITLE                                  |                  |  |                                    |  |   |  |   |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |   |            | 5. CONTRACT REFERENCE<br>PWS Section C-5 Para 5.2 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |  |                                    |  |   |  |   |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED                       |            | 10. FREQUENCY<br>As Required                      |  | 12. DATE OF FIRST SUBMISSION<br>60 Days After Contract Start |  | 14. DISTRIBUTION |  |                                    |  |   |  |   |  |
| 8. APP CODE   |  |   |            | 11. AS OF DATE                                    |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur     |  | a. ADDRESSEE     |  | b. COPIES                          |  |   |  |   |  |
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| 16. REMARKS<br><br>Format in Accordance with FAR Part 45, AF Manual 23-110, Volume II, Part II  |  |   |            |   |  |  |  | CO/Det 1         |  | 3                                  |  | 1 |  | 2 |  |
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|   |  |   |            |   |  |  |  | 15. TOTAL        |  | 3                                  |  | 1 |  | 2 |  |
| G. PREPARED BY  |  |   |            | H. DATE   |  | I. APPROVED BY   |  |                  |  | J. DATE                            |  |   |  |   |  |

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| 17. PRICE GROUP              |
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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |  |  |   |  |   |  |  |  | Form Approved<br>OMB No. 0704-0188 |  |       |  |   |  |
|--|--|--|--|---|--|---|--|--|--|------------------------------------|--|-------|--|---|--|
| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |  |  |   |  |   |  |  |  |                                    |  |       |  |   |  |
| A. CONTRACT LINE ITEM NO.<br>0003  |  |  |  | B. EXHIBIT<br>A                                       |  | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____                |  |  |  |                                    |  |       |  |   |  |
| D. SYSTEM/ITEM<br>Service Contractor   |  |  |  | E. CONTRACT/PR NO.<br>F33657-99-R-0021                |  |   |  | F. CONTRACTOR                                |  |                                    |  |       |  |   |  |
| 1. DATA ITEM NO.<br><br>A010   |  | 2. TITLE OF DATA ITEM<br><br>Equipment and Material Quarterly Report |  |   |  |   |  | 3. SUBTITLE                                  |  |                                    |  |       |  |   |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  |  | 5. CONTRACT REFERENCE<br>PWS Section C-5 Para 5.2.1   |  |   |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |  |                                    |  |       |  |   |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED  |  | 10. FREQUENCY<br>Quarterly                            |  | 12. DATE OF FIRST SUBMISSION<br>120 Days After Contract Start |  | 14. DISTRIBUTION                             |  |                                    |  |       |  |   |  |
| 8. APP CODE  |  |  |  | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>Every Quarter         |  | a. ADDRESSEE                                 |  | b. COPIES                          |  |       |  |   |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable-Pending AF Acceptance  |  |  |  |   |  |   |  | CO/Det 1                                     |  | 2                                  |  | 1     |  | 2 |  |
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| 1. DATA ITEM NO.<br><br>A011   |  | 2. TITLE OF DATA ITEM<br><br>Expended Funds Report                   |  |   |  |   |  | 3. SUBTITLE                                  |  |                                    |  |       |  |   |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  |  | 5. CONTRACT REFERENCE<br>PWS Section C-5 Para 5.2.1.1 |  |   |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale    |  |                                    |  |       |  |   |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED  |  | 10. FREQUENCY<br>Quarterly                            |  | 12. DATE OF FIRST SUBMISSION<br>120 Days After Contract Start |  | 14. DISTRIBUTION                             |  |                                    |  |       |  |   |  |
| 8. APP CODE  |  |  |  | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>Every Quarter         |  | a. ADDRESSEE                                 |  | b. COPIES                          |  |       |  |   |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable-Pending AF Acceptance  |  |  |  |   |  |   |  | CO/Det 1                                     |  | 1                                  |  | 1     |  | 1 |  |
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| G. PREPARED BY   |  |  |  | H. DATE   |  | I. APPROVED BY  |  |  |  | J. DATE                            |  |       |  |   |  |

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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)   |  |  |                 |   |  |  |  |                  |         | Form Approved<br>OMB No. 0704-0188 |  |
|---|--|--|-----------------|---|--|--|--|------------------|---------|------------------------------------|--|
| <small>The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing</small> |  |  |                 |   |  |  |  |                  |         |                                    |  |
| A. CONTRACT LINE ITEM NO.<br>0003   |  |  | B. EXHIBIT<br>A |   | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |  |                  |         |                                    |  |
| D. SYSTEM/ITEM<br>Service Contractor  |  |  |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021                |  |  | F. CONTRACTOR                                |                  |         |                                    |  |
| 1. DATA ITEM NO.<br><br>A012  |  | 2. TITLE OF DATA ITEM<br><br>Property Accounting and Management Procedures |                 |   |  |  | 3. SUBTITLE                                  |                  |         |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5 Para 5.2.1.2 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |         |                                    |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED  |                 | 10. FREQUENCY<br>As Required                          |  | 12. DATE OF FIRST SUBMISSION<br>60 Days After Contract   |  | 14. DISTRIBUTION |         |                                    |  |
| 8. APP CODE   |  |  |                 | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur |  | a. ADDRESSEE     |         | b. COPIES                          |  |
|   |  |  |                 |   |  |  |  | Draft            |         | Final                              |  |
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| 16. REMARKS<br><br>Format in Accordance with FAR Part 45-Pending AF Acceptance  |  |  |                 |   |  |  |  | CO/Det 1         |         | 1                                  |  |
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| 1. DATA ITEM NO.<br><br>A013  |  | 2. TITLE OF DATA ITEM<br><br>BES, POM and Fin Plan Submittal               |                 |   |  | 3. SUBTITLE  |  |                  |         |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5A Para 5.1    |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |         |                                    |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED  |                 | 10. FREQUENCY<br>As Required                          |  | 12. DATE OF FIRST SUBMISSION<br>Annually                 |  | 14. DISTRIBUTION |         |                                    |  |
| 8. APP CODE   |  |  |                 | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur |  | a. ADDRESSEE     |         | b. COPIES                          |  |
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| 16. REMARKS<br><br>Format in Accordance with AFI 63-701   |  |  |                 |   |  |  |  | ASC, Det1/CE     |         | 3                                  |  |
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| G. PREPARED BY  |  |  |                 | H. DATE   |  | I. APPROVED BY   |  |                  | J. DATE |                                    |  |

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| 17. PRICE GROUP              |
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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)   |  |  |                 |  |  |   |  |  |  | Form Approved<br>OMB No. 0704-0188 |  |   |  |   |  |
|---|--|--|-----------------|--|--|---|--|--|--|------------------------------------|--|---|--|---|--|
| <small>The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing</small> |  |  |                 |  |  |   |  |  |  |                                    |  |   |  |   |  |
| A. CONTRACT LINE ITEM NO.<br>0003   |  |  | B. EXHIBIT<br>A |  | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |   |  |  |  |                                    |  |   |  |   |  |
| D. SYSTEM/ITEM<br>Service Contract  |  |  |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021             |  |   |  | F. CONTRACTOR                                |  |                                    |  |   |  |   |  |
| 1. DATA ITEM NO.<br><br>A014  |  | 2. TITLE OF DATA ITEM<br><br>Pollution Prevention Plan |                 |  |  |   |  | 3. SUBTITLE                                  |  |                                    |  |   |  |   |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5A Para 5.5 |  |   |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |  |                                    |  |   |  |   |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED                          |                 | 10. FREQUENCY<br>As Required                       |  | 12. DATE OF FIRST SUBMISSION<br>45 Days After Contract Start      |  | 14. DISTRIBUTION                             |  |                                    |  |   |  |   |  |
| 8. APP CODE   |  |  |                 | 11. AS OF DATE                                     |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur          |  | a. ADDRESSEE                                 |  | b. COPIES                          |  |   |  |   |  |
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| 16. REMARKS   |  |  |                 |  |  |   |  | ASC, Det1/CE                                 |  | 1                                  |  |   |  |   |  |
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| 1. DATA ITEM NO.<br><br>A015  |  | 2. TITLE OF DATA ITEM<br><br>Spill Prevention Plan     |                 |  |  |   |  | 3. SUBTITLE                                  |  |                                    |  |   |  |   |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5A Para 5.5 |  |   |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |  |                                    |  |   |  |   |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED                          |                 | 10. FREQUENCY<br>As Required                       |  | 12. DATE OF FIRST SUBMISSION<br>45 Days After Contract Start Date |  | 14. DISTRIBUTION                             |  |                                    |  |   |  |   |  |
| 8. APP CODE   |  |  |                 | 11. AS OF DATE                                     |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur          |  | a. ADDRESSEE                                 |  | b. COPIES                          |  |   |  |   |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable   |  |  |                 |  |  |   |  | ASC, Det1/CE                                 |  | 1                                  |  |   |  |   |  |
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|   |  |  |                 |  |  |   |  | 15. TOTAL                                    |  |                                    |  |   |  |   |  |
| G. PREPARED BY  |  |  |                 | H. DATE  |  | I. APPROVED BY  |  |  |  | J. DATE<br><br>27 Jul 99           |  |   |  |   |  |

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| 17. PRICE GROUP              |
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| 17. PRICE GROUP              |
| 18. ESTIMATED<br>TOTAL PRICE |

| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)   |  |  |                 |  |  |   |  |                  |                      | Form Approved<br>OMB No. 0704-0188 |  |   |  |
|---|--|--|-----------------|--|--|---|--|------------------|----------------------|------------------------------------|--|---|--|
| <small>The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing</small> |  |  |                 |  |  |   |  |                  |                      |                                    |  |   |  |
| A. CONTRACT LINE ITEM NO.<br>0003   |  |  | B. EXHIBIT<br>A |  | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |   |  |                  |                      |                                    |  |   |  |
| D. SYSTEM/ITEM<br>Service Contractor  |  |  |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021               |  |   | F. CONTRACTOR                                |                  |                      |                                    |  |   |  |
| 1. DATA ITEM NO.<br><br>A016  |  | 2. TITLE OF DATA ITEM<br><br>Waste Minimization Plan |                 |  |  |   | 3. SUBTITLE                                  |                  |                      |                                    |  |   |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5A Para 5.5   |  |   | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |                      |                                    |  |   |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED                        |                 | 10. FREQUENCY<br>As Required                         |  | 12. DATE OF FIRST SUBMISSION<br>45 Days After Start of Contract |  | 14. DISTRIBUTION |                      |                                    |  |   |  |
| 8. APP CODE   |  |  |                 | 11. AS OF DATE                                       |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur        |  | a. ADDRESSEE     |                      | b. COPIES                          |  |   |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable   |  |  |                 |  |  |   |  | ASC, Det1/CE     |                      | 1                                  |  |   |  |
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| 1. DATA ITEM NO.<br><br>A017  |  | 2. TITLE OF DATA ITEM<br><br>Environmental Permits   |                 |  |  |   | 3. SUBTITLE                                  |                  |                      |                                    |  |   |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5A Para 5.5.3 |  |   | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |                      |                                    |  |   |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED                        |                 | 10. FREQUENCY<br>As Required                         |  | 12. DATE OF FIRST SUBMISSION<br>Annually                        |  | 14. DISTRIBUTION |                      |                                    |  |   |  |
| 8. APP CODE   |  |  |                 | 11. AS OF DATE                                       |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur        |  | a. ADDRESSEE     |                      | b. COPIES                          |  |   |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable   |  |  |                 |  |  |   |  | ASC, Det1/CE     |                      |                                    |  |   |  |
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|   |  |  |                 |  |  |   |  | 15. TOTAL        |                      |                                    |  |   |  |
| G. PREPARED BY  |  |  |                 | H. DATE  |  | I. APPROVED BY  |  |                  | J. DATE<br>27 Jul 99 |                                    |  |   |  |

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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)   |  |   |                 |  |  |  |  |                  |  | Form Approved<br>OMB No. 0704-0188 |  |
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| <small>The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing</small> |  |   |                 |  |  |  |  |                  |  |                                    |  |
| A. CONTRACT LINE ITEM NO.<br>0003   |  |   | B. EXHIBIT<br>A |  | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |  |                  |  |                                    |  |
| D. SYSTEM/ITEM<br>Service Contractor  |  |   |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021                 |  |  | F. CONTRACTOR                                |                  |  |                                    |  |
| 1. DATA ITEM NO.<br><br>A018  |  | 2. TITLE OF DATA ITEM<br><br>Fire Uniform Description                     |                 |  |  |  | 3. SUBTITLE                                  |                  |  |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |   |                 | 5. CONTRACT REFERENCE<br>PWS Section C-1B Para 1.1.2.2 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |  |                                    |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED   |                 | 10. FREQUENCY<br>As Needed                             |  | 12. DATE OF FIRST SUBMISSION<br>Prior to Contract Start                |  | 14. DISTRIBUTION |  |                                    |  |
| 8. APP CODE   |  |   |                 | 11. AS OF DATE   |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur               |  | a. ADDRESSEE     |  | b. COPIES                          |  |
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| 16. REMARKS<br><br>Format in Accordance AFI 36-801 Used as a Guide<br>Format in Accordance NFPA 1975, FACC  |  |   |                 |  |  |  |  | PK               |  |                                    |  |
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| 1. DATA ITEM NO.<br><br>A019  |  | 2. TITLE OF DATA ITEM<br><br>Training and Standardization Evaluation Plan |                 |  |  | 3. SUBTITLE  |  |                  |  |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |   |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5B Para 5.1.7.2 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |  |                                    |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED   |                 | 10. FREQUENCY<br>As Needed                             |  | 12. DATE OF FIRST SUBMISSION<br>60 Days After Contract Start           |  | 14. DISTRIBUTION |  |                                    |  |
| 8. APP CODE   |  |   |                 | 11. AS OF DATE   |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>Updates Annually & As Required |  | a. ADDRESSEE     |  | b. COPIES                          |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable   |  |   |                 |  |  |  |  | PK               |  |                                    |  |
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| G. PREPARED BY  |  |   |                 | H. DATE  |  | I. APPROVED BY   |  |                  |  | J. DATE<br>27 Jul 99               |  |

17. PRICE GROUP

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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |  |                 |   |  |  |  |                  |  | Form Approved<br>OMB No. 0704-0188 |  |
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| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |  |                 |   |  |  |  |                  |  |                                    |  |
| A. CONTRACT LINE ITEM NO.<br>0003  |  |  | B. EXHIBIT<br>A |   | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |  |                  |  |                                    |  |
| D. SYSTEM/ITEM<br>Service Contractor   |  |  |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021                  |  |  | F. CONTRACTOR                                |                  |  |                                    |  |
| 1. DATA ITEM NO.<br>A020   |  | 2. TITLE OF DATA ITEM<br>Fire Department Training Schedule |                 |   |  |  | 3. SUBTITLE                                  |                  |  |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5B Para 5.1.7.11 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |  |                                    |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                              |                 | 10. FREQUENCY<br>As Needed                              |  | 12. DATE OF FIRST SUBMISSION<br>Monthly  |  | 14. DISTRIBUTION |  |                                    |  |
| 8. APP CODE  |  |  |                 | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT SUBMISSION<br>Monthly One Week Prior to Beginning Month |  | a. ADDRESSEE     |  | b. COPIES                          |  |
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| 16. REMARKS<br>Contractor Format Acceptable  |  |  |                 |   |  |  |  | PK               |  |                                    |  |
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| 1. DATA ITEM NO.<br>A021   |  | 2. TITLE OF DATA ITEM<br>PFTI Fire Prevention Instruction  |                 |   |  | 3. SUBTITLE  |  |                  |  |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5B Para 5.1.8.5  |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |  |                                    |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                              |                 | 10. FREQUENCY<br>As Needed                              |  | 12. DATE OF FIRST SUBMISSION<br>45 Days After Contract Start                   |  | 14. DISTRIBUTION |  |                                    |  |
| 8. APP CODE  |  |  |                 | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT SUBMISSION<br>As Changes Occur & Annually               |  | a. ADDRESSEE     |  | b. COPIES                          |  |
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| 16. REMARKS<br>Format in Accordance with AFI-32-2001   |  |  |                 |   |  |  |  | PK               |  |                                    |  |
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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |  |                 |   |  |  |  |                  |                      | Form Approved<br>OMB No. 0704-0188 |   |
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| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |  |                 |   |  |  |  |                  |                      |                                    |   |
| A. CONTRACT LINE ITEM NO.<br>0003  |  |  | B. EXHIBIT<br>A |   | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |  |                  |                      |                                    |   |
| D. SYSTEM/ITEM<br>Service Contractor   |  |  |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021                |  |  | F. CONTRACTOR                                |                  |                      |                                    |   |
| 1. DATA ITEM NO.<br><br>A022   |  | 2. TITLE OF DATA ITEM<br><br>Aircraft Incident Pre-Fire Plans  |                 |   |  |  | 3. SUBTITLE                                  |                  |                      |                                    |   |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5B Para 5.1.9  |  |  | 6. REQUIRING OFFICE<br>ASC/Det1 Palmdale CA  |                  |                      |                                    |   |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                                  |                 | 10. FREQUENCY<br>Updated Annually                     |  | 12. DATE OF FIRST SUBMISSION<br>45 Days After Contract Start     |  | 14. DISTRIBUTION |                      |                                    |   |
| 8. APP CODE  |  |  |                 | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT SUBMISSION<br>As Changes Occur & Annually |  | a. ADDRESSEE     |                      | b. COPIES                          |   |
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| 16. REMARKS<br><br>Contractor Format Acceptable  |  |  |                 |   |  |  |  | PK/SE            |                      |                                    | 1 |
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| 1. DATA ITEM NO.<br><br>A023   |  | 2. TITLE OF DATA ITEM<br><br>Fire Department Procedures Manual |                 |   |  | 3. SUBTITLE  |  |                  |                      |                                    |   |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5B Para 5.1.11 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |                      |                                    |   |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                                  |                 | 10. FREQUENCY<br>As Needed                            |  | 12. DATE OF FIRST SUBMISSION<br>45 Days After Contract Start     |  | 14. DISTRIBUTION |                      |                                    |   |
| 8. APP CODE  |  |  |                 | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT SUBMISSION<br>As Changes Occur & Annually |  | a. ADDRESSEE     |                      | b. COPIES                          |   |
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| 16. REMARKS<br><br>Contractor Format Acceptable  |  |  |                 |   |  |  |  | PK               |                      |                                    | 1 |
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| G. PREPARED BY   |  |  |                 | H. DATE   |  | I. APPROVED BY   |  |                  | J. DATE<br>27 Jul 99 |                                    |   |

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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)   |  |  |                 |   |  |   |  |                  |                          | Form Approved<br>OMB No. 0704-0188 |  |
|---|--|--|-----------------|---|--|---|--|------------------|--------------------------|------------------------------------|--|
| <small>The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing</small> |  |  |                 |   |  |   |  |                  |                          |                                    |  |
| A. CONTRACT LINE ITEM NO.<br>0003   |  |  | B. EXHIBIT<br>A |   | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |   |  |                  |                          |                                    |  |
| D. SYSTEM/ITEM<br>Service Contractor  |  |  |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021                  |  |   | F. CONTRACTOR                                |                  |                          |                                    |  |
| 1. DATA ITEM NO.<br><br>A024  |  | 2. TITLE OF DATA ITEM<br><br>Fire Incident Report                          |                 |   |  |   | 3. SUBTITLE                                  |                  |                          |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5B Para 5.1.11.3 |  |   | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |                          |                                    |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED  |                 | 10. FREQUENCY<br>As Needed                              |  | 12. DATE OF FIRST SUBMISSION<br>By 10th Day                   |  | 14. DISTRIBUTION |                          |                                    |  |
| 8. APP CODE   |  |  |                 | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur      |  | a. ADDRESSEE     |                          | b. COPIES                          |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable-Format IAW AFI 32-2001  |  |  |                 |   |  |   |  | PK               |                          |                                    |  |
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| 1. DATA ITEM NO.<br><br>A025  |  | 2. TITLE OF DATA ITEM<br><br>Monthly Summary Reports of Emergency Activity |                 |   |  | 3. SUBTITLE   |  |                  |                          |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5B Para 5.1.11.4 |  |   | 6. REQUIRING OFFICE<br>ASC Det 1 Palmdale CA |                  |                          |                                    |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED  |                 | 10. FREQUENCY<br>Monthly                                |  | 12. DATE OF FIRST SUBMISSION<br>No Later Than 5th Working Day |  | 14. DISTRIBUTION |                          |                                    |  |
| 8. APP CODE   |  |  |                 | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>Monthly               |  | a. ADDRESSEE     |                          | b. COPIES                          |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable   |  |  |                 |   |  |   |  | PK               |                          |                                    |  |
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| G. PREPARED BY  |  |  |                 | H. DATE   |  | I. APPROVED BY  |  |                  | J. DATE<br><br>27 Jul 99 |                                    |  |

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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |   |                 |   |  |  |  |                  |                      | Form Approved<br>OMB No. 0704-0188 |  |
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| A. CONTRACT LINE ITEM NO.<br>0003  |  |   | B. EXHIBIT<br>A |   | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |  |                  |                      |                                    |  |
| D. SYSTEM/ITEM<br>Service Contractor   |  |   |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021                |  |  | F. CONTRACTOR                                |                  |                      |                                    |  |
| 1. DATA ITEM NO.<br>A026   |  | 2. TITLE OF DATA ITEM<br>Fire Tools and Equipment Inventory   |                 |   |  |  | 3. SUBTITLE                                  |                  |                      |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |   |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5B Para 5.1.12 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |                      |                                    |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                                 |                 | 10. FREQUENCY<br>As Needed                            |  | 12. DATE OF FIRST SUBMISSION<br>45 Days After Contract Start         |  | 14. DISTRIBUTION |                      |                                    |  |
| 8. APP CODE  |  |   |                 | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT SUBMISSION<br>As Changes Occur & Upon Request |  | a. ADDRESSEE     |                      | b. COPIES                          |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable  |  |   |                 |   |  |  |  | PK               |                      | 1                                  |  |
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| 1. DATA ITEM NO.<br>A027   |  | 2. TITLE OF DATA ITEM<br>Fire Incident Notification Checklist |                 |   |  |  | 3. SUBTITLE                                  |                  |                      |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |   |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5B Para 5.1.14 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |                      |                                    |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                                 |                 | 10. FREQUENCY<br>Submitted Quarterly                  |  | 12. DATE OF FIRST SUBMISSION<br>45 Days After Contract Start         |  | 14. DISTRIBUTION |                      |                                    |  |
| 8. APP CODE  |  |   |                 | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT SUBMISSION<br>Updated Quarterly               |  | a. ADDRESSEE     |                      | b. COPIES                          |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable  |  |   |                 |   |  |  |  | PK               |                      | 1                                  |  |
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| G. PREPARED BY   |  |   |                 | H. DATE   |  | I. APPROVED BY   |  |                  | J. DATE<br>27 Jul 99 |                                    |  |

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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |   |  |   |  |           | Form Approved<br>OMB No. 0704-0188 |       |
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| A. CONTRACT LINE ITEM NO.<br>0003  |   | B. EXHIBIT<br>A                                      |   | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |           |                                    |       |
| D. SYSTEM/ITEM<br>Service Contractor   |   | E. CONTRACT/PR NO.<br>F33657-99-R-0021               |   | F. CONTRACTOR                                  |           |                                    |       |
| 1. DATA ITEM NO.<br><br>A028   | 2. TITLE OF DATA ITEM<br><br>Normal Maintenance Plan                                    |  |   | 3. SUBTITLE                                    |           |                                    |       |
| 4. AUTHORITY (Data Acquisition Document No.)   |   | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.1   |   | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA   |           |                                    |       |
| 7. DD 250 REQ<br>LT  | 9. DIST STATEMENT<br>REQUIRED   | 10. FREQUENCY<br>Updated<br>Semi-Annually            | 12. DATE OF FIRST SUBMISSION<br>60 Days After Contract<br>Start           | 14. DISTRIBUTION                               |           |                                    |       |
| 8. APP CODE  |   | 11. AS OF DATE                                       | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur                  | a. ADDRESSEE                                   | b. COPIES |                                    |       |
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| 16. REMARKS<br><br>Format in Accordance with Normal Maintenance Plan   |   |  |   | PK   |           | 1                                  |       |
|  |   |  |   | LGX  |           |                                    | 1     |
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| 1. DATA ITEM NO.<br><br>A029   | 2. TITLE OF DATA ITEM<br><br>Monthly Inspection of Runways, Taxiways and Parking Aprons |  |   | 3. SUBTITLE                                    |           |                                    |       |
| 4. AUTHORITY (Data Acquisition Document No.)   |   | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.2.2 |   | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA   |           |                                    |       |
| 7. DD 250 REQ<br>LT  | 9. DIST STATEMENT<br>REQUIRED   | 10. FREQUENCY<br>Monthly                             | 12. DATE OF FIRST SUBMISSION<br>Within 5 Working Days<br>After Inspection | 14. DISTRIBUTION                               |           |                                    |       |
| 8. APP CODE  |   | 11. AS OF DATE                                       | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur                  | a. ADDRESSEE                                   | b. COPIES |                                    |       |
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|  |   |  |   |  |           | Reg                                | Repro |
| 16. REMARKS<br><br>Contractor Format Acceptable  |   |  |   | PK   |           | 1                                  |       |
|  |   |  |   | LGX  |           |                                    | 1     |
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| G. PREPARED BY   |   | H. DATE  |   | I. APPROVED BY                                 |           | J. DATE<br><br>27 Jul 99           |       |

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| 17. PRICE GROUP              |
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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |   |  |  |           | Form Approved<br>OMB No. 0704-0188 |       |
|--|--|---|--|--|-----------|------------------------------------|-------|
| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |   |  |  |           |                                    |       |
| A. CONTRACT LINE ITEM NO.<br>0003  |  | B. EXHIBIT<br>A                                       |  | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |           |                                    |       |
| D. SYSTEM/ITEM<br>Service Contractor   |  | E. CONTRACT/PR NO.<br>F33657-99-R-0021                |  | F. CONTRACTOR                                  |           |                                    |       |
| 1. DATA ITEM NO.<br>A030   | 2. TITLE OF DATA ITEM<br>Annual Inspection of Runways, Taxiways and Parking Aprons |   |  | 3. SUBTITLE                                    |           |                                    |       |
| 4. AUTHORITY (Data Acquisition Document No.)   |  | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.2.3  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA   |           |                                    |       |
| 7. DD 250 REQ<br>LT  | 9. DIST STATEMENT<br>REQUIRED  | 10. FREQUENCY<br>As Needed &<br>Annually              | 12. DATE OF FIRST SUBMISSION<br>Last Qtr of Each Year    | 14. DISTRIBUTION                               |           |                                    |       |
| 8. APP CODE  |  | 11. AS OF DATE  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>See Block 16     | a. ADDRESSEE                                   | b. COPIES |                                    |       |
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| 16. REMARKS<br><br>Contractor Format Acceptable<br><br>Blk 13. As Changes Occur/Last Quarter of Each Calendar Year   |  |   |  | PK   |           | 1                                  |       |
|  |  |   |  | LGX  |           |                                    | 1     |
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|  |  |   |  | 15. TOTAL                                      | ----->    | 1                                  | 2     |
| 1. DATA ITEM NO.<br>A031   | 2. TITLE OF DATA ITEM<br>Snow Removal Plan   |   |  | 3. SUBTITLE                                    |           |                                    |       |
| 4. AUTHORITY (Data Acquisition Document No.)   |  | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.2.14 |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale      |           |                                    |       |
| 7. DD 250 REQ<br>LT  | 9. DIST STATEMENT<br>REQUIRED  | 10. FREQUENCY<br>Annually                             | 12. DATE OF FIRST SUBMISSION<br>Upon Contract Start      | 14. DISTRIBUTION                               |           |                                    |       |
| 8. APP CODE  |  | 11. AS OF DATE  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur | a. ADDRESSEE                                   | b. COPIES |                                    |       |
|  |  |   |  |  | Draft     | Final                              |       |
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| 16. REMARKS<br><br>Formal in Accordance with Normal Maintenance Plan   |  |   |  | PK   |           | 1                                  |       |
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|  |  |   |  | 15. TOTAL                                      | ----->    | 1                                  | 1     |
| G. PREPARED BY   |  | H. DATE   |  | I. APPROVED BY                                 |           | J. DATE<br>27 Jul 99               |       |

17. PRICE GROUP

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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |  |   |                                    |  |   |  |                      |  | Form Approved<br>OMB No. 0704-0188 |  |
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| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |  |   |                                    |  |   |  |                      |  |                                    |  |
| A. CONTRACT LINE ITEM NO.<br>0003  |  |  | B. EXHIBIT<br>A                                       |                                    | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |   |  |                      |  |                                    |  |
| D. SYSTEM/ITEM<br>Service Contractor   |  |  | E. CONTRACT/PR NO.<br>F33657-99-R-0021                |                                    |  | F. CONTRACTOR   |  |                      |  |                                    |  |
| 1. DATA ITEM NO.<br>A032   |  | 2. TITLE OF DATA ITEM<br>Airfield Pavement & Lighting Corrective Action Plan |   |                                    |  | 3. SUBTITLE   |  |                      |  |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.2.16 |                                    |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA                              |  |                      |  |                                    |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED  |   | 10. FREQUENCY<br>Monthly as Needed |  | 12. DATE OF FIRST SUBMISSION<br>After Contract Start Date                 |  | 14. DISTRIBUTION     |  |                                    |  |
| 8. APP CODE  |  |  |   | 11. AS OF DATE                     |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur                  |  | a. ADDRESSEE         |  | b. COPIES                          |  |
|  |  |  |   |                                    |  |   |  | Draft                |  | Final<br>Reg    Repro              |  |
| 16. REMARKS<br><br>Contractor Format Acceptable  |  |  |   |                                    |  |   |  | PK                   |  | 1                                  |  |
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| 1. DATA ITEM NO.<br>A033   |  | 2. TITLE OF DATA ITEM<br>Pavement Inspection Report                          |   |                                    |  | 3. SUBTITLE   |  |                      |  |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.3    |                                    |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA                              |  |                      |  |                                    |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED  |   | 10. FREQUENCY<br>Semi-Annually     |  | 12. DATE OF FIRST SUBMISSION<br>After Contract Start Date                 |  | 14. DISTRIBUTION     |  |                                    |  |
| 8. APP CODE  |  |  |   | 11. AS OF DATE                     |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>Semi Annual & As<br>Changes Occur |  | a. ADDRESSEE         |  | b. COPIES                          |  |
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| 16. REMARKS<br><br>Format in Accordance with Normal Maintenance Plan   |  |  |   |                                    |  |   |  | PK                   |  | 1                                  |  |
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| G. PREPARED BY   |  |  | H. DATE   |                                    | I. APPROVED BY                                 |   |  | J. DATE<br>27 Jul 99 |  |                                    |  |

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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |   |                 |  |  |  |  |                  |                      | Form Approved<br>OMB No. 0704-0188 |  |
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| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |   |                 |  |  |  |  |                  |                      |                                    |  |
| A. CONTRACT LINE ITEM NO.<br>0003  |  |   | B. EXHIBIT<br>A |  | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |  |                  |                      |                                    |  |
| D. SYSTEM/ITEM<br>Service Contractor   |  |   |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021               |  |  | F. CONTRACTOR                                |                  |                      |                                    |  |
| 1. DATA ITEM NO.<br><br>A034   |  | 2. TITLE OF DATA ITEM<br><br>Roadway and Parking Lot Paint Plan                               |                 |  |  |  | 3. SUBTITLE                                  |                  |                      |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |   |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.3.3 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |                      |                                    |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED   |                 | 10. FREQUENCY<br>Annual                              |  | 12. DATE OF FIRST SUBMISSION<br>Yearly   |  | 14. DISTRIBUTION |                      |                                    |  |
| 8. APP CODE  |  |   |                 | 11. AS OF DATE                                       |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>April of Each Year & As<br>Changes Occur |  | a. ADDRESSEE     |                      | b. COPIES                          |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable  |  |   |                 |  |  |  |  | PK               |                      | 1                                  |  |
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| 1. DATA ITEM NO.<br><br>A035   |  | 2. TITLE OF DATA ITEM<br><br>Storm Drainage System Inspection and Corrective Action<br>Report |                 |  |  | 3. SUBTITLE  |  |                  |                      |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |   |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.5   |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |                      |                                    |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED   |                 | 10. FREQUENCY<br>As Needed                           |  | 12. DATE OF FIRST SUBMISSION<br>After Contract Start Date                        |  | 14. DISTRIBUTION |                      |                                    |  |
| 8. APP CODE  |  |   |                 | 11. AS OF DATE                                       |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur                         |  | a. ADDRESSEE     |                      | b. COPIES                          |  |
|  |  |   |                 |  |  |  |  | Draft            |                      | Final                              |  |
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| 16. REMARKS<br><br>Format in Accordance with Normal Maintenance Plan   |  |   |                 |  |  |  |  | PK               |                      | 1                                  |  |
|  |  |   |                 |  |  |  |  | LGX              |                      | 1                                  |  |
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| G. PREPARED BY   |  |   |                 | H. DATE  |  | I. APPROVED BY   |  |                  | J. DATE<br>27 Jul 99 |                                    |  |

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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)   |  |   |                 |   |  |  |  |                  |  | Form Approved<br>OMB No. 0704-0188 |  |   |  |   |  |        |  |
|---|--|---|-----------------|---|--|--|--|------------------|--|------------------------------------|--|---|--|---|--|--------|--|
| <small>The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing</small> |  |   |                 |   |  |  |  |                  |  |                                    |  |   |  |   |  |        |  |
| A. CONTRACT LINE ITEM NO.<br>0003   |  |   | B. EXHIBIT<br>A |   | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |  |                  |  |                                    |  |   |  |   |  |        |  |
| D. SYSTEM/ITEM<br>Service Contract  |  |   |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021              |  |  | F. CONTRACTOR                                |                  |  |                                    |  |   |  |   |  |        |  |
| 1. DATA ITEM NO.<br><br>A036  |  | 2. TITLE OF DATA ITEM<br><br>Monthly Fuels Report |                 |   |  |  | 3. SUBTITLE                                  |                  |  |                                    |  |   |  |   |  |        |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |   |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.12 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |  |                                    |  |   |  |   |  |        |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED                     |                 | 10. FREQUENCY<br>Monthly                            |  | 12. DATE OF FIRST SUBMISSION<br>30 Days After Contract Start |  | 14. DISTRIBUTION |  |                                    |  |   |  |   |  |        |  |
| 8. APP CODE   |  |   |                 | 11. AS OF DATE                                      |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur     |  | a. ADDRESSEE     |  | b. COPIES                          |  |   |  |   |  |        |  |
|   |  |   |                 |   |  |  |  | Draft            |  | Final                              |  |   |  |   |  |        |  |
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|   |  |   |                 |   |  |  |  |                  |  | Repro                              |  |   |  |   |  |        |  |
| 16. REMARKS<br><br>Format in Accordance with (DODM) 4140-25, AF 23-110 & MIL STD-1518BH<br>Monthly Reports to SA-ALC-DAO-DE/LFMF-A Bldg 1621 Kelly AFB<br>Fuel Samples Required MIL-STD 1518BH to Edwards. Quarterly AF Form 207<br>to SA-ALC/SFR Kelly AFB TX  |  |   |                 |   |  |  |  | PK               |  |                                    |  | 1 |  |   |  |        |  |
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|   |  |   |                 |   |  |  |  | 15. TOTAL        |  |                                    |  |   |  |   |  | -----> |  |
| 1. DATA ITEM NO.<br><br>A037  |  | 2. TITLE OF DATA ITEM<br><br>Fuel Estimate        |                 |   |  |  | 3. SUBTITLE                                  |                  |  |                                    |  |   |  |   |  |        |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |   |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.12 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |  |                                    |  |   |  |   |  |        |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED                     |                 | 10. FREQUENCY<br>Quarterly                          |  | 12. DATE OF FIRST SUBMISSION<br>90 Days After Contract Start |  | 14. DISTRIBUTION |  |                                    |  |   |  |   |  |        |  |
| 8. APP CODE   |  |   |                 | 11. AS OF DATE                                      |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Chages Occur      |  | a. ADDRESSEE     |  | b. COPIES                          |  |   |  |   |  |        |  |
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| 16. REMARKS<br><br>Format in Accordance with (DODM) 4140-25, AF 23-110 & MIL STD-1518BH<br>Monthly Reports to SA-ALC-DAO-DE/LFMF-A Bldg 1621 Kelly AFB<br>Fuel Samples Required MIL-STS 1518BH to Edwards AFB. Quarterly AF Form<br>207 to SA-ALC/SFR Kelly AFB TX  |  |   |                 |   |  |  |  | PK               |  |                                    |  | 1 |  |   |  |        |  |
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| G. PREPARED BY  |  |   |                 | H. DATE   |  | I. APPROVED BY   |  |                  |  | J. DATE<br>27 Jul 99               |  |   |  |   |  |        |  |

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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)   |  |   |                 |   |  |  |  |                  |                      | Form Approved<br>OMB No. 0704-0188 |  |
|---|--|---|-----------------|---|--|--|--|------------------|----------------------|------------------------------------|--|
| <small>The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing</small> |  |   |                 |   |  |  |  |                  |                      |                                    |  |
| A. CONTRACT LINE ITEM NO.<br>0003   |  |   | B. EXHIBIT<br>A |   | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |  |                  |                      |                                    |  |
| D. SYSTEM/ITEM<br>Service Contract  |  |   |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021                  |  |  | F. CONTRACTOR                                |                  |                      |                                    |  |
| 1. DATA ITEM NO.<br><br>A038  |  | 2. TITLE OF DATA ITEM<br><br>Vehicle Fleet Inventory      |                 |   |  |  | 3. SUBTITLE                                  |                  |                      |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |   |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.14.2.2 |  |  | 6. REQUIRING OFFICE                          |                  |                      |                                    |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED                             |                 | 10. FREQUENCY<br>As Needed                              |  | 12. DATE OF FIRST SUBMISSION<br>15 Days Within Contract Start Date |  | 14. DISTRIBUTION |                      |                                    |  |
| 8. APP CODE   |  |   |                 | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur           |  | a. ADDRESSEE     |                      | b. COPIES                          |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable   |  |   |                 |   |  |  |  | PK               |                      | 1                                  |  |
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| 1. DATA ITEM NO.<br><br>A039  |  | 2. TITLE OF DATA ITEM<br><br>Vehicle In-Commission Report |                 |   |  | 3. SUBTITLE  |  |                  |                      |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |   |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.14.2.3 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |                      |                                    |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED                             |                 | 10. FREQUENCY<br>By 15th Day of Each Month              |  | 12. DATE OF FIRST SUBMISSION<br>30 Days After Contract Start Date  |  | 14. DISTRIBUTION |                      |                                    |  |
| 8. APP CODE   |  |   |                 | 11. AS OF DATE  |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur           |  | a. ADDRESSEE     |                      | b. COPIES                          |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable   |  |   |                 |   |  |  |  | PK               |                      | 1                                  |  |
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| G. PREPARED BY  |  |   |                 | H. DATE   |  | I. APPROVED BY   |  |                  | J. DATE<br>27 Jul 99 |                                    |  |

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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |  |   |                            |  |   |  |                          |  | Form Approved<br>OMB No. 0704-0188 |  |
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| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |  |   |                            |  |   |  |                          |  |                                    |  |
| A. CONTRACT LINE ITEM NO.<br>0003  |  |  | B. EXHIBIT<br>A                                       |                            | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |   |  |                          |  |                                    |  |
| D. SYSTEM/ITEM<br>Service Contractor   |  |  | E. CONTRACT/PR NO.<br>F33657-99-R-0021                |                            |  | F. CONTRACTOR   |  |                          |  |                                    |  |
| 1. DATA ITEM NO.<br><br>A040   |  | 2. TITLE OF DATA ITEM<br><br>Fleet Operating Costs |   |                            |  | 3. SUBTITLE   |  |                          |  |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  | 5. CONTRACT REFERENCE<br>PWS Section C-5D Para 5.14.4 |                            |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA                    |  |                          |  |                                    |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                      |   | 10. FREQUENCY<br>Quarterly |  | 12. DATE OF FIRST SUBMISSION<br>90 Days After Start of Contract |  | 14. DISTRIBUTION         |  |                                    |  |
| 8. APP CODE  |  |  |   | 11. AS OF DATE             |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Change Occur         |  | a. ADDRESSEE             |  | b. COPIES                          |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable  |  |  |   |                            |  |   |  | PK                       |  | 1                                  |  |
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| 1. DATA ITEM NO.<br><br>A041   |  | 2. TITLE OF DATA ITEM<br><br>Safety Plan           |   |                            |  | 3. SUBTITLE   |  |                          |  |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  | 5. CONTRACT REFERENCE<br>PWS Section C-5E Para 5.1.1  |                            |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA                    |  |                          |  |                                    |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                      |   | 10. FREQUENCY<br>As Needed |  | 12. DATE OF FIRST SUBMISSION<br>45 Days After Contract Start    |  | 14. DISTRIBUTION         |  |                                    |  |
| 8. APP CODE  |  |  |   | 11. AS OF DATE             |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur        |  | a. ADDRESSEE             |  | b. COPIES                          |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable  |  |  |   |                            |  |   |  | PK                       |  | 1                                  |  |
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| G. PREPARED BY   |  |  | H. DATE   |                            | I. APPROVED BY                                 |   |  | J. DATE<br><br>27 Jul 99 |  |                                    |  |

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| 17. PRICE GROUP              |
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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |  |  |                                      |  |   |  |                              |  | Form Approved<br>OMB No. 0704-0188                              |         |  |                |             |  |                          |  |  |   |
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| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |  |  |                                      |  |   |  |                              |  |   |         |  |                |             |  |                          |  |  |   |
| A. CONTRACT LINE ITEM NO.<br>0003  |  |  | B. EXHIBIT<br>A                                      |                                      | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |   |  |                              |  |   |         |  |                |             |  |                          |  |  |   |
| D. SYSTEM/ITEM<br>Service Contractor   |  |  | E. CONTRACT/PR NO.<br>F33657-99-R-0021               |                                      |  | F. CONTRACTOR   |  |                              |  |   |         |  |                |             |  |                          |  |  |   |
| 1. DATA ITEM NO.<br><br>A042   |  | 2. TITLE OF DATA ITEM<br><br>Accident Inspection Reports |  |                                      |  | 3. SUBTITLE   |  |                              |  |   |         |  |                |             |  |                          |  |  |   |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  | 5. CONTRACT REFERENCE<br>PWS Section C-5E Para 5.1.2 |                                      |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA                  |  |                              |  |   |         |  |                |             |  |                          |  |  |   |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                            |  | 10. FREQUENCY<br>As Needed           |  | 12. DATE OF FIRST SUBMISSION<br>10 Days After Each Inspection |  | 14. DISTRIBUTION             |  |   |         |  |                |             |  |                          |  |  |   |
| 8. APP CODE  |  |  |  | 11. AS OF DATE                       |  | 13. DATE OF SUBSEQUENT SUBMISSION<br>As Changes Occur         |  | a. ADDRESSEE                 |  | b. COPIES   |         |  |                |             |  |                          |  |  |   |
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| 16. REMARKS<br><br>Contractor Format Acceptable  |  |  |  |                                      |  |   |  | PK                           |  |   | 1       |  |                |             |  |                          |  |  |   |
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|  |  |  |  |                                      |  |   |  | 1. DATA ITEM NO.<br><br>A043 |  | 2. TITLE OF DATA ITEM<br><br>Hazard Abatement Deficiency Report |         |  |                | 3. SUBTITLE |  |                          |  |  |   |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  | 5. CONTRACT REFERENCE<br>PWS Section C-5E Para 5.1.4 |                                      |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA                  |  |                              |  |   |         |  |                |             |  |                          |  |  |   |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                            |  | 10. FREQUENCY<br>Monthly as Required |  | 12. DATE OF FIRST SUBMISSION<br>10th Day of Each Month        |  | 14. DISTRIBUTION             |  |   |         |  |                |             |  |                          |  |  |   |
| 8. APP CODE  |  |  |  | 11. AS OF DATE                       |  | 13. DATE OF SUBSEQUENT SUBMISSION<br>As Changes Occur         |  | a. ADDRESSEE                 |  | b. COPIES   |         |  |                |             |  |                          |  |  |   |
|  |  |  |  |                                      |  |   |  | Draft                        |  | Final<br>Reg    Repro   |         |  |                |             |  |                          |  |  |   |
| 16. REMARKS<br><br>Contractor Format Acceptable  |  |  |  |                                      |  |   |  | CC                           |  |   | 1       |  |                |             |  |                          |  |  |   |
|  |  |  |  |                                      |  |   |  | PK                           |  |   | 1       |  |                |             |  |                          |  |  |   |
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|  |  |  |  |                                      |  |   |  | G. PREPARED BY               |  |   | H. DATE |  | I. APPROVED BY |             |  | J. DATE<br><br>27 Jul 99 |  |  |   |

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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |  |  |  |  |  |  |  |               | Form Approved<br>OMB No. 0704-0188 |  |   |  |
| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |  |  |  |  |  |  |  |               |                                    |  |   |  |
| A. CONTRACT LINE ITEM NO.<br>0003  |  |  |  | B. EXHIBIT<br>A                                      |  |  | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |               |                                    |  |   |  |
| D. SYSTEM/ITEM<br>Service Contractor   |  |  |  |  | E. CONTRACT/PR NO.<br>F33657-99-R-0021 |  |  |  | F. CONTRACTOR |                                    |  |   |  |
| 1. DATA ITEM NO.<br>A044   |  | 2. TITLE OF DATA ITEM<br>Property Damage or Personnel Injury Mishap Summary Report |  |  |  |  |  | 3. SUBTITLE                                  |               |                                    |  |   |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  |  | 5. CONTRACT REFERENCE<br>PWS Section C-5E Para 5.1.6 |  |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |               |                                    |  |   |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED  |  | 10. FREQUENCY<br>Monthly                             |  | 12. DATE OF FIRST SUBMISSION<br>5th Day of Each Month    |  | 14. DISTRIBUTION                             |               |                                    |  |   |  |
| 8. APP CODE  |  |  |  | 11. AS OF DATE                                       |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur |  | a. ADDRESSEE                                 |               | b. COPIES                          |  |   |  |
|  |  |  |  |  |  |  |  | Draft  |               | Final                              |  |   |  |
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| 16. REMARKS<br><br>Contractor Format Acceptable  |  |  |  |  |  |  |  | CC   |               |                                    |  | 1 |  |
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| 1. DATA ITEM NO.<br>A045   |  | 2. TITLE OF DATA ITEM<br>OSHA Visit Report   |  |  |  |  |  | 3. SUBTITLE                                  |               |                                    |  |   |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  |  | 5. CONTRACT REFERENCE<br>PWS Section C-5E Para 5.1.7 |  |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |               |                                    |  |   |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED  |  | 10. FREQUENCY<br>As Needed                           |  | 12. DATE OF FIRST SUBMISSION<br>When Required            |  | 14. DISTRIBUTION                             |               |                                    |  |   |  |
| 8. APP CODE  |  |  |  | 11. AS OF DATE                                       |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Changes Occur |  | a. ADDRESSEE                                 |               | b. COPIES                          |  |   |  |
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| 16. REMARKS<br><br>Format in Accordance with AF OSHA & California OSHA. Outlined in AFI 91-202, AFI 91-204 to the Contracting Officer for Approval.  |  |  |  |  |  |  |  | CC   |               |                                    |  | 1 |  |
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| G. PREPARED BY   |  |  |  | H. DATE  |  | I. APPROVED BY   |  |  |               | J. DATE<br>27 Jul 99               |  |   |  |

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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |  |  |                 |  |  |  |  |                  |                      | Form Approved<br>OMB No. 0704-0188 |  |
|--|--|--|-----------------|--|--|--|--|------------------|----------------------|------------------------------------|--|
| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |  |  |                 |  |  |  |  |                  |                      |                                    |  |
| A. CONTRACT LINE ITEM NO.<br>0003  |  |  | B. EXHIBIT<br>A |  | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |  |                  |                      |                                    |  |
| D. SYSTEM/ITEM<br>Service Contractor   |  |  |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021               |  |  | F. CONTRACTOR                                |                  |                      |                                    |  |
| 1. DATA ITEM NO.<br><br>A046   |  | 2. TITLE OF DATA ITEM<br><br>PFTI Safety Instruction               |                 |  |  |  | 3. SUBTITLE                                  |                  |                      |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C5E Para 5.1.10 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |                      |                                    |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                                      |                 | 10. FREQUENCY<br>Annually                            |  | 12. DATE OF FIRST SUBMISSION<br>45 Days After Contract Start     |  | 14. DISTRIBUTION |                      |                                    |  |
| 8. APP CODE  |  |  |                 | 11. AS OF DATE                                       |  | 13. DATE OF SUBSEQUENT SUBMISSION<br>As Changes Occur & Annually |  | a. ADDRESSEE     |                      | b. COPIES                          |  |
|  |  |  |                 |  |  |  |  | Draft            |                      | Final                              |  |
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|  |  |  |                 |  |  |  |  |                  |                      | Repro                              |  |
| 16. REMARKS<br><br>Format in Accordance with PFTI Fire Marshal and PFTI Commander  |  |  |                 |  |  |  |  | PK               |                      |                                    |  |
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| 1. DATA ITEM NO.<br><br>A047   |  | 2. TITLE OF DATA ITEM<br><br>Security Guard Force Uniform Proposal |                 |  |  |  | 3. SUBTITLE                                  |                  |                      |                                    |  |
| 4. AUTHORITY (Data Acquisition Document No.)   |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-1F Para 1.1.1 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |                      |                                    |  |
| 7. DD 250 REQ<br>LT  |  | 9. DIST STATEMENT<br>REQUIRED                                      |                 | 10. FREQUENCY<br>As Needed                           |  | 12. DATE OF FIRST SUBMISSION<br>Prior to Contract Start          |  | 14. DISTRIBUTION |                      |                                    |  |
| 8. APP CODE  |  |  |                 | 11. AS OF DATE                                       |  | 13. DATE OF SUBSEQUENT SUBMISSION<br>As Changes Occur            |  | a. ADDRESSEE     |                      | b. COPIES                          |  |
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| 16. REMARKS<br><br>Format in Accordance with Contracting Officer or Government Quality Assurance Evaluator   |  |  |                 |  |  |  |  | QAE              |                      | 1                                  |  |
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| G. PREPARED BY   |  |  |                 | H. DATE  |  | I. APPROVED BY   |  |                  | J. DATE<br>27 Jul 99 |                                    |  |

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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)   |  |  |                 |  |  |  |  |                  |  | Form Approved<br>OMB No. 0704-0188 |  |   |  |
|---|--|--|-----------------|--|--|--|--|------------------|--|------------------------------------|--|---|--|
| <small>The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing</small> |  |  |                 |  |  |  |  |                  |  |                                    |  |   |  |
| A. CONTRACT LINE ITEM NO.<br>0003   |  |  | B. EXHIBIT<br>A |  | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |  |  |                  |  |                                    |  |   |  |
| D. SYSTEM/ITEM<br>Service Contractor  |  |  |                 | E. CONTRACT/PR NO.<br>F33657-99-R-0021                 |  |  | F. CONTRACTOR                                |                  |  |                                    |  |   |  |
| 1. DATA ITEM NO.<br>A048  |  | 2. TITLE OF DATA ITEM<br>Security Guard Force Training and Standardization Evaluation Plan |                 |  |  |  | 3. SUBTITLE                                  |                  |  |                                    |  |   |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-1F Para 1.1.6.1 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |  |                                    |  |   |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED  |                 | 10. FREQUENCY<br>Updated Annually                      |  | 12. DATE OF FIRST SUBMISSION<br>60 Days After Contract Start |  | 14. DISTRIBUTION |  |                                    |  |   |  |
| 8. APP CODE   |  |  |                 | 11. AS OF DATE   |  | 13. DATE OF SUBSEQUENT<br>Annual or As Changes Occur         |  | a. ADDRESSEE     |  | b. COPIES                          |  |   |  |
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| 16. REMARKS<br>Format in Accordance With the Contracting Officer and QAE.   |  |  |                 |  |  |  |  | QAE              |  | 1                                  |  | 1 |  |
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| 1. DATA ITEM NO.<br>A049  |  | 2. TITLE OF DATA ITEM<br>Security Guard Force Procedures Manual                            |                 |  |  | 3. SUBTITLE  |  |                  |  |                                    |  |   |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |  |                 | 5. CONTRACT REFERENCE<br>PWS Section C-5F Para 5.1.1.3 |  |  | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |  |                                    |  |   |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED  |                 | 10. FREQUENCY<br>As Needed                             |  | 12. DATE OF FIRST SUBMISSION<br>60 Days After Contract Start |  | 14. DISTRIBUTION |  |                                    |  |   |  |
| 8. APP CODE   |  |  |                 | 11. AS OF DATE   |  | 13. DATE OF SUBSEQUENT<br>Annual or As Changes Occur         |  | a. ADDRESSEE     |  | b. COPIES                          |  |   |  |
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| 16. REMARKS<br>Contractor Format Acceptable   |  |  |                 |  |  |  |  | QAE              |  | 1                                  |  | 1 |  |
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| G. PREPARED BY  |  |  |                 | H. DATE  |  | I. APPROVED BY   |  |                  |  | J. DATE<br>27 Jul 99               |  |   |  |

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| 17. PRICE GROUP              |
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| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)  |   |  |   |  |           | Form Approved<br>OMB No. 0704-0188 |       |
|--|---|--|---|--|-----------|------------------------------------|-------|
| The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing |   |  |   |  |           |                                    |       |
| A. CONTRACT LINE ITEM NO.<br>0003  |   | B. EXHIBIT<br>A  |   | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |           |                                    |       |
| D. SYSTEM/ITEM<br>Service Contractor   |   | E. CONTRACT/PR NO.<br>F33657-99-R-0021                 |   | F. CONTRACTOR                                  |           |                                    |       |
| 1. DATA ITEM NO.<br>A050   | 2. TITLE OF DATA ITEM<br>Installation Security/Anti-Terrorism-Force Protection Plan |  |   | 3. SUBTITLE                                    |           |                                    |       |
| 4. AUTHORITY (Data Acquisition Document No.)   |   | 5. CONTRACT REFERENCE<br>PWS Section C-5F Para 5.1.1.5 |   | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA   |           |                                    |       |
| 7. DD 250 REQ<br>LT  | 9. DIST STATEMENT<br>REQUIRED   | 10. FREQUENCY<br>Annually                              | 12. DATE OF FIRST SUBMISSION<br>Within 60 Days of Contract Start  | 14. DISTRIBUTION                               |           |                                    |       |
| 8. APP CODE  |   | 11. AS OF DATE   | 13. DATE OF SUBSEQUENT SUBMISSION<br>Annually or As Changes Occur | a. ADDRESSEE                                   | b. COPIES |                                    |       |
|  |   |  |   |  | Draft     | Final                              |       |
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| 16. REMARKS<br><br>Commesurate with Air Force Directives   |   |  |   | QAE  | 1         |                                    | 1     |
|  |   |  |   | ACO  |           |                                    | 1     |
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| 1. DATA ITEM NO.<br>A051   | 2. TITLE OF DATA ITEM<br>DD Form 1569, Incident Complaint Report                    |  | 3. SUBTITLE   |  |           |                                    |       |
| 4. AUTHORITY (Data Acquisition Document No.)   |   | 5. CONTRACT REFERENCE<br>PWS Section C-5F Para 5.1.3.5 |   | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA   |           |                                    |       |
| 7. DD 250 REQ<br>LT  | 9. DIST STATEMENT<br>REQUIRED   | 10. FREQUENCY<br>As Required                           | 12. DATE OF FIRST SUBMISSION<br>As Required                       | 14. DISTRIBUTION                               |           |                                    |       |
| 8. APP CODE  |   | 11. AS OF DATE   | 13. DATE OF SUBSEQUENT SUBMISSION<br>As Required                  | a. ADDRESSEE                                   | b. COPIES |                                    |       |
|  |   |  |   |  | Draft     | Final                              |       |
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| 16. REMARKS<br><br>Blk 14. IAW Security Forces Procedures Manual   |   |  |   | See Blk 16                                     |           |                                    |       |
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| G. PREPARED BY   |   | H. DATE  |   | I. APPROVED BY                                 |           | J. DATE<br>27 Jul 99               |       |

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| 17. PRICE GROUP              |
| 18. ESTIMATED<br>TOTAL PRICE |

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| 17. PRICE GROUP              |
| 18. ESTIMATED<br>TOTAL PRICE |

| CONTRACT DATA REQUIREMENTS LIST<br>(2 Data Items)   |  |  |            |  |  |   |  |                  |  | Form Approved<br>OMB No. 0704-0188 |  |                       |  |
|---|--|--|------------|--|--|---|--|------------------|--|------------------------------------|--|-----------------------|--|
| <small>The public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing</small> |  |  |            |  |  |   |  |                  |  |                                    |  |                       |  |
| A. CONTRACT LINE ITEM NO.<br>0003   |  |  | B. EXHIBIT |  | C. CATEGORY:<br>TDP _____ TM _____ OTHER _____ |   |  |                  |  |                                    |  |                       |  |
| D. SYSTEM/ITEM<br>Service Contractor  |  |  |            | E. CONTRACT/PR NO.<br>F33657-99-R-0021                 |  |   | F. CONTRACTOR                                |                  |  |                                    |  |                       |  |
| 1. DATA ITEM NO.<br><br>A052  |  | 2. TITLE OF DATA ITEM<br><br>Security Guard Force Law Enforcement Report |            |  |  |   | 3. SUBTITLE                                  |                  |  |                                    |  |                       |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |  |            | 5. CONTRACT REFERENCE<br>PWS Section C-5F Para 5.2.1.2 |  |   | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |  |                                    |  |                       |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED  |            | 10. FREQUENCY<br>Annually                              |  | 12. DATE OF FIRST SUBMISSION<br>Annually            |  | 14. DISTRIBUTION |  |                                    |  |                       |  |
| 8. APP CODE   |  |  |            | 11. AS OF DATE   |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>Annually    |  | a. ADDRESSEE     |  | b. COPIES                          |  |                       |  |
|   |  |  |            |  |  |   |  |                  |  | Draft                              |  | Final<br>Reg    Repro |  |
| 16. REMARKS<br><br>AF Form 84 Required  |  |  |            |  |  |   |  | QAE              |  | 1                                  |  | 1                     |  |
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| 1. DATA ITEM NO.<br><br>A053  |  | 2. TITLE OF DATA ITEM<br><br>Air Force Plant 42 Emergency Response Plan  |            |  |  |   | 3. SUBTITLE                                  |                  |  |                                    |  |                       |  |
| 4. AUTHORITY (Data Acquisition Document No.)  |  |  |            | 5. CONTRACT REFERENCE<br>PWS Section C-1 Para 1.8.1.   |  |   | 6. REQUIRING OFFICE<br>ASC/Det 1 Palmdale CA |                  |  |                                    |  |                       |  |
| 7. DD 250 REQ<br>LT   |  | 9. DIST STATEMENT<br>REQUIRED  |            | 10. FREQUENCY<br>As Required                           |  | 12. DATE OF FIRST SUBMISSION<br>45 days after award |  | 14. DISTRIBUTION |  |                                    |  |                       |  |
| 8. APP CODE<br>N  |  | N  |            | 11. AS OF DATE   |  | 13. DATE OF SUBSEQUENT<br>SUBMISSION<br>As Required |  | a. ADDRESSEE     |  | b. COPIES                          |  |                       |  |
|   |  |  |            |  |  |   |  |                  |  | Draft                              |  | Final<br>Reg    Repro |  |
| 16. REMARKS<br>Contractor Format Acceptable pending Air Force Approval<br><br>AFI 32-4001, AFMAN 32-4004, and FAA Advisory Circular shall be used as guidance when writing this plan  |  |  |            |  |  |   |  | Det 1/ACO        |  |                                    |  | 1                     |  |
|   |  |  |            |  |  |   |  | Det 1/CV         |  |                                    |  | 1                     |  |
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| G. PREPARED BY  |  |  |            | H. DATE  |  | I. APPROVED BY                                      |  |                  |  | J. DATE<br><br>31 Jul 01           |  |                       |  |

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| 17. PRICE GROUP              |
| 18. ESTIMATED<br>TOTAL PRICE |

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| 17. PRICE GROUP              |
| 18. ESTIMATED<br>TOTAL PRICE |

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9/26/2001

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| P0000# | CLIN | SubCLIN/<br>Info SubLine | Date      | CLIN Value     | CLIN Obligation<br>Amount | ACRN | Cumulative ACRN<br>Total | Cumulative Contract<br>Value Total | Cumulative Contract<br>Obligation Total |
|--------|------|--------------------------|-----------|----------------|---------------------------|------|--------------------------|------------------------------------|---|
| P00001 | 0001 |                          | 15-Jun-00 | \$30,600.00    | \$30,600.00               | AA   | <b>\$30,600.00</b>       | \$30,600.00                        | \$30,600.00                             |
| P00002 | 0002 | 000201                   | 31-Jul-00 | \$5,690,509.00 | \$1,456,231.00            | AB   | \$1,456,231.00           | \$5,721,109.00                     | \$1,486,831.00                          |
| P00002 | 0002 | 000202                   | 31-Jul-00 |                | \$792,714.00              | AC   | \$792,714.00             | \$5,721,109.00                     | \$2,279,545.00                          |
| P00002 | 0003 | 000301                   | 31-Jul-00 | \$2,706,173.00 | \$696,464.00              | AB   | \$2,152,695.00           | \$8,427,282.00                     | \$2,976,009.00                          |
| P00002 | 0003 | 000302                   | 31-Jul-00 |                | \$373,041.00              | AC   | <b>\$1,165,755.00</b>    | \$8,427,282.00                     | \$3,349,050.00                          |
| P00002 | 0005 | 000501                   | 31-Jul-00 | \$810,000.00   | \$329,633.00              | AB   | \$2,482,328.00           | \$9,237,282.00                     | \$3,678,683.00                          |
| P00002 | 0006 | 000601                   | 31-Jul-00 | \$190,000.00   | \$77,000.00               | AB   | \$2,559,328.00           | \$9,427,282.00                     | \$3,755,683.00                          |
| P00002 | 0007 | 000701                   | 31-Jul-00 | \$240,754.00   | \$95,148.00               | AB   | \$2,654,476.00           | \$9,668,036.00                     | \$3,850,831.00                          |
| P00002 | 0008 | 000801                   | 31-Jul-00 | \$240,754.00   | \$95,148.00               | AB   | \$2,749,624.00           | \$9,908,790.00                     | \$3,945,979.00                          |
| P00003 | 0042 |                          | 21-Sep-00 | \$46,800.00    | \$10,000.00               | AD   | <b>\$10,000.00</b>       | \$9,955,590.00                     | \$3,955,979.00                          |
| P00004 | 0006 | 000601                   | 21-Sep-00 | \$0.00         | \$75,230.00               | AB   | \$2,824,854.00           | \$9,955,590.00                     | \$4,031,209.00                          |
| P00005 |      |                          | 8-Nov-00  | \$0.00         | \$0.00                    |      |                          | \$9,955,590.00                     | \$4,031,209.00                          |
| P00006 | 0043 |                          | 29-Sep-00 | \$1,600.00     | \$1,600.00                | AE   | <b>\$1,600.00</b>        | \$9,957,190.00                     | \$4,032,809.00                          |
| P00007 | 0005 | 000501                   | 29-Sep-00 | \$0.00         | \$100,000.00              | AB   | <b>\$2,924,854.00</b>    | \$9,957,190.00                     | \$4,132,809.00                          |
| P00008 | 0044 |                          | 30-Oct-00 | \$287,000.00   | \$287,000.00              | AF   | <b>\$287,000.00</b>      | \$10,244,190.00                    | \$4,419,809.00                          |
| P00009 | 0002 | 000203                   | 22-Nov-00 | \$0.00         | \$1,170,000.00            | AG   | \$1,170,000.00           | \$10,244,190.00                    | \$5,589,809.00                          |
| P00009 | 0003 | 000303                   | 22-Nov-00 | \$0.00         | \$555,000.00              | AG   | \$1,725,000.00           | \$10,244,190.00                    | \$6,144,809.00                          |
| P00009 | 0005 | 000502                   | 22-Nov-00 | \$0.00         | \$47,575.00               | AG   | \$1,772,575.00           | \$10,244,190.00                    | \$6,192,384.00                          |
| P00009 | 0007 | 000702                   | 22-Nov-00 | \$0.00         | \$49,500.00               | AG   | \$1,822,075.00           | \$10,244,190.00                    | \$6,241,884.00                          |

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|--------|------|--------|-----------|----------------|----------------|----|-----------------------|-----------------|-----------------|
| P00009 | 0008 | 000802 | 22-Nov-00 | \$0.00         | \$49,500.00    | AG | \$1,871,575.00        | \$10,244,190.00 | \$6,291,384.00  |
| P00010 | 0003 | 000304 | 28-Nov-00 | \$0.00         | \$130,000.00   | AH | <b>\$130,000.00</b>   | \$10,244,190.00 | \$6,421,384.00  |
| P00011 | 0002 | 000203 | 22-Jan-01 | \$0.00         | \$2,271,564.00 | AG | \$4,143,139.00        | \$10,244,190.00 | \$8,692,948.00  |
| P00011 | 0003 | 000303 | 22-Jan-01 | \$0.00         | \$951,668.00   | AG | \$5,094,807.00        | \$10,244,190.00 | \$9,644,616.00  |
| P00011 | 0005 | 000502 | 22-Jan-01 | \$0.00         | \$332,792.00   | AG | \$5,427,599.00        | \$10,244,190.00 | \$9,977,408.00  |
| P00011 | 0006 | 000602 | 22-Jan-01 | \$0.00         | \$37,770.00    | AG | \$5,465,369.00        | \$10,244,190.00 | \$10,015,178.00 |
| P00011 | 0007 | 000702 | 22-Jan-01 | \$0.00         | \$96,106.00    | AG | \$5,561,475.00        | \$10,244,190.00 | \$10,111,284.00 |
| P00011 | 0008 | 000802 | 22-Jan-01 | \$0.00         | \$96,106.00    | AG | \$5,657,581.00        | \$10,244,190.00 | \$10,207,390.00 |
| P00012 |      |        | 19-Mar-01 |                | \$0.00         |    | <b>\$0.00</b>         | \$10,244,190.00 | \$10,207,390.00 |
| P00013 | 0040 | 004001 | 29-Mar-01 | \$116,733.00   | \$116,733.00   | AJ | <b>\$116,733.00</b>   | \$10,360,923.00 | \$10,324,123.00 |
| P00013 | 0040 | 004002 | 29-Mar-01 | \$18,571.00    | \$18,571.00    | AK | \$18,571.00           | \$10,379,494.00 | \$10,342,694.00 |
| P00014 | 0045 |        | 9-Apr-01  | \$1,000.00     | \$1,000.00     | AM | <b>\$1,000.00</b>     | \$10,380,494.00 | \$10,343,694.00 |
| P00015 | 0046 |        | 23-Apr-01 | \$4,929.00     | \$4,929.00     | AL | <b>\$4,929.00</b>     | \$10,385,423.00 | \$10,348,623.00 |
| P00016 |      |        | 20-Jun-01 |                | \$0.00         |    | <b>\$0.00</b>         | \$10,385,423.00 | \$10,348,623.00 |
| P00017 | 0047 |        |           | \$8,564.00     | \$8,564.00     | AP | \$8,564.00            | \$10,393,987.00 | \$10,357,187.00 |
| P00018 |      |        | 29-Jun-00 |                | \$0.00         |    | <b>\$0.00</b>         | \$10,393,987.00 | \$10,357,187.00 |
| P00019 | 0009 |        | 29-Jun-00 | \$6,006,242.00 |                |    |                       | \$16,400,229.00 | \$10,357,187.00 |
| P00019 | 0009 | 000901 | 29-Jun-00 |                | \$1,005,177.00 | AN | <b>\$1,005,177.00</b> | \$16,400,229.00 | \$11,362,364.00 |
| P00019 | 0009 | 000902 | 29-Jun-00 |                | \$1,697,632.00 | AG | \$7,355,213.00        | \$16,400,229.00 | \$13,059,996.00 |
| P00019 | 0010 |        | 29-Jun-00 | \$2,955,600.00 | \$1,355,143.00 | AG | \$8,710,356.00        | \$19,355,829.00 | \$14,415,139.00 |

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|        |      |        |           |              |              |    |                 |                 |                 |
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| P00019 | 0011 |        | 29-Jun-00 | \$810,000.00 | \$374,896.00 | AG | \$9,085,252.00  | \$20,165,829.00 | \$14,790,035.00 |
| P00019 | 0012 |        | 29-Jun-00 | \$190,000.00 | \$90,626.00  | AG | \$9,175,878.00  | \$20,355,829.00 | \$14,880,661.00 |
| P00019 | 0013 |        | 29-Jun-00 | \$262,310.00 | \$120,269.00 | AG | \$9,296,147.00  | \$20,618,139.00 | \$15,000,930.00 |
| P00019 | 0014 |        | 29-Jun-00 | \$262,310.00 | \$120,269.00 | AG | \$9,416,416.00  | \$20,880,449.00 | \$15,121,199.00 |
| P00020 | 0039 | 0039AA |           | \$46,475.00  | \$46,475.00  | AP | \$55,039.00     | \$20,926,924.00 | \$15,167,674.00 |
| P00021 |      |        | 6-Aug-01  |              | \$0.00       |    |                 | \$20,926,924.00 | \$15,167,674.00 |
| P00022 | 0042 |        | 26-Jul-01 |              | \$15,000.00  | AQ | \$15,000.00     | \$20,926,924.00 | \$15,182,674.00 |
| P00024 | 0009 | 000902 | 24-Sep-01 |              | \$400,000.00 | AG | \$9,816,416.00  | \$20,926,924.00 | \$15,582,674.00 |
| P00024 | 0010 |        | 24-Sep-01 |              | \$125,000.00 | AG | \$9,941,416.00  | \$20,926,924.00 | \$15,707,674.00 |
| P00024 | 0011 |        | 24-Sep-01 |              | \$239,695.00 | AG | \$10,181,111.00 | \$20,926,924.00 | \$15,947,369.00 |
| P00024 | 0012 | 001201 | 24-Sep-01 |              | \$55,000.00  | AG | \$10,236,111.00 | \$20,926,924.00 | \$16,002,369.00 |
| P00024 | 0012 | 001202 | 24-Sep-01 |              | \$9,321.00   | AR | \$9,321.00      | \$20,926,924.00 | \$16,011,690.00 |
| P00024 | 0013 |        | 24-Sep-01 |              | \$11,000.00  | AG | \$10,247,111.00 | \$20,926,924.00 | \$16,022,690.00 |
| P00024 | 0014 |        | 24-Sep-01 |              | \$11,000.00  | AG | \$10,258,111.00 | \$20,926,924.00 | \$16,033,690.00 |
| P00025 | 0048 |        |           | \$319,686.00 | \$319,686.00 | AK | \$338,257.00    | \$21,246,610.00 | \$16,353,376.00 |



**REVISED  
STATEMENT OF WORK  
FOR  
UPGRADE OF CCTV SYSTEM AT  
AIR FORCE PLANT 42  
PALMDALE CA**

**1. PRINCIPAL FEATURES:**

- a. Introduction: Bldg. 510 (ICE House) Communication Facility, building 583- AA & E bunker, and building 560- Security Dispatch Center are logistic facilities located in the perimeter of the runways and taxiways in Air Force Plant 42 in Palmdale, California. Currently there is a CCTV system in use at the Security Dispatch Center, covering the perimeter of the building 560.

The Air Force has indicated a need to upgrade this CCTV system at the Security Dispatch Center. The system upgrade would cover portions of active runways, the military aircraft parking ramp, and areas around Communication Building (Bldg. 510), and AA & E Bunker (Bldg. 583)

- b. Principal Task: This project shall include but is not necessary limited to the design and implementation of a project to upgrade the CCTV system located at the Security Dispatch Center (Bldg. 560).

**2. SCOPE: This project consists of site investigation, designing, implantation and constructing of the following:**

- I: Upgrade master control center in the Security Dispatch Center located in Building 560 and a wireless video, motion control link to two (2) new remote locations within the Air Force Plant 42.
- II: Providing all the labor, materials, equipment, training, technical support, licensing, informational and operational manuals for installation and operation of CCTV system at Security Dispatch Center.
- III: Remove existing 360 degree Cyber Dome Camera from Building No. 560 and replace it with Generation 4, 360-degree camera.
- IV: Install a 360-degree Cyber Dome that was removed from Building 560 on Building No. 510.

V: Install 2 fixed cameras on the south and north sides of the Building No. 583.  
The upgraded CCTV System shall meet all of the operational and security requirements for Air Force Plant 42. Full access to the sites shall be maintained for users during construction.

### 3. TASKS:

- a. Conduct site investigation for the purpose of the scope verification, construction strategy, alternatives and cost estimate preparation.
- b. Develop a design schedule and design the project to meet all the requirements.
- c. Develop a construction schedule and expand the facility as designed.

4. APPLICABLE PUBLICATIONS: All Air Force, Federal, State and Local Manuals and/or Regulations applicable to the intent of the project.

### 5. CRITERIA:

#### a. Preparation of Plan, Specifications and Designs:

- (1) All plans, specifications, specifications and designs submitted for Air Force review shall be in a finished and complete format.
- (2) Plans and designs shall be prepared as stand-alone documents to the extent that is logical and within compliance of all applicable regulatory requirements. However, references to other published reports may be made where this will reduce duplication of effort.

#### b. Submittal of Plans Reports and Statement of Work:

- (1) Two Copies of the Statement of Work for this project will be submitted to the Air Force, one to ASC/ENV and one to ASC Det1/CE.
- (2) Seven copies of the draft plans, pre-final plans, and final plans will be submitted to the Air Force, two to ASC/ENV, and five to ASC, DET 1/CE.

6. SCHEDULE:

- a. Within 15 days of ASC, Det 1/CE approval of SOW, a Pre-Design Conference between the Air Force, Pyramid Services, Inc. and all the using agencies will be scheduled.
- b. Within 60 days after the Pre-Design Conference, provide 90% pre-final design package for the project. Allow 14 calendar days for Air Force review.
- c. Within 15 days of ASC, Det1/CE approval of the pre-final design, provide 100% final design package for the project.
- d. Within 60 days of ASC, Det 1/CE acceptance of the final design, provide all necessary contracting action to award the construction contract.
- e. Within 15 days of the contract award, a Pre-Construction Conference will be scheduled between the Air Force, Pyramid Services, Inc. and the using agencies.
- f. Within 120 days after the start of the construction, all the work elements shall be completed. A final acceptance inspection will be performed.
- g. Within 30 days after the final acceptance inspection, a fully completed DD Form 1354 shall be submitted to the Air Force for the final execution of acceptance.

7. POINT OF CONTACT:

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